

Birthday Basket Order Form

Date of Delivery: _____
Time of Delivery: (we can ask the teacher)
Birthday Person: _____
Class Room Teacher: _____
Contact Name and Phone _____



How Many?

75 cent items

_____ *Emoji Cup (100% fruit juice)*
_____ *Birthday Cake Ice cream Cone*

50 cent items

_____ *100% Fruit Juice Box*
_____ *Linden Chocolate Chip Cookie*



_____ *\$1.00 Surprise Gift for the Birthday Person*

.....
\$ _____ *Total \$ Enclosed*

.....
Checks to: BKW Meal Programs

(Questions? Call Claire Groudine, Meal Programs Manager 872-5131)



To The Parent or Guardian of:

*For the whole class or
just the Birthday
person!*

of students in class_____